

SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:
Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

INSTRUCTIONS: No permits will be issued until all fees are paid.
Checks are made payable to Bayfield County Zoning Department.
DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN
RECEIVED
APR 23 2015
Bayfield Co. Zoning Dept.

ENTERED
Permit #: 150109
Date: 5-5-15
Amount Paid: \$150 Cash 4/23/15
Refund:

TYPE OF PERMIT REQUESTED: <input checked="" type="checkbox"/> LAND USE <input type="checkbox"/> SANITARY <input type="checkbox"/> PRIVY <input type="checkbox"/> CONDITIONAL USE <input type="checkbox"/> SPECIAL USE <input type="checkbox"/> B.O.A. <input type="checkbox"/> OTHER	
Owner's Name: <u>Tam + Jim Scharinger</u>	Mailing Address: <u>55255 N. Delta Rd</u> City/State/Zip: <u>Deerfield WI 54832</u> Telephone: <u>608-234-8076</u>
Address of Property: <u>55255 N. Delta Road</u>	City/State/Zip: <u>Deerfield WI 54832</u>
Contractor: <u>Humphreys Construction</u>	Plumber: <u>W1 54832</u>
Authorized Agent: (Person Signing Application on behalf of Owner(s))	Agent Phone: <u>715-308-1520</u> Plumber: <u>W1 54832</u>
Agent Mailing Address (include City/State/Zip):	Written Authorization Attached <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
PROJECT LOCATION: <u>1/4 Sec 1/4</u>	Legal Description: (Use Tax Statement) <u>04-018-2-45-08-14-3 02-000-0000</u>
Gov't Lot: <u>1/4</u>	Lot(s): <u>1/4</u> CSM: <u>1/4</u> Vol & Page: <u>1/4</u> Lot(s) No.: <u>1/4</u> Block(s) No.: <u>1/4</u> Subdivision: <u>1/4</u>
Section: <u>14</u> , Township: <u>45</u> N, Range: <u>08</u> W	Town of: <u>Deerfield</u> Lot Size: <u>40</u> Acreage: <u>40</u>

<input type="checkbox"/> Shoreland <input checked="" type="checkbox"/> Non-Shoreland	<input type="checkbox"/> Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or Landward side of Floodplain? <input type="checkbox"/> If yes--continue <input checked="" type="checkbox"/> Distance Structure is from Shoreline: <u> </u> feet	<input type="checkbox"/> Is Property/Land within 1000 feet of Lake, Pond or Flowage <input type="checkbox"/> If yes--continue <input checked="" type="checkbox"/> Distance Structure is from Shoreline: <u> </u> feet	<input type="checkbox"/> Is Property in Floodplain Zone? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Are Wetlands Present? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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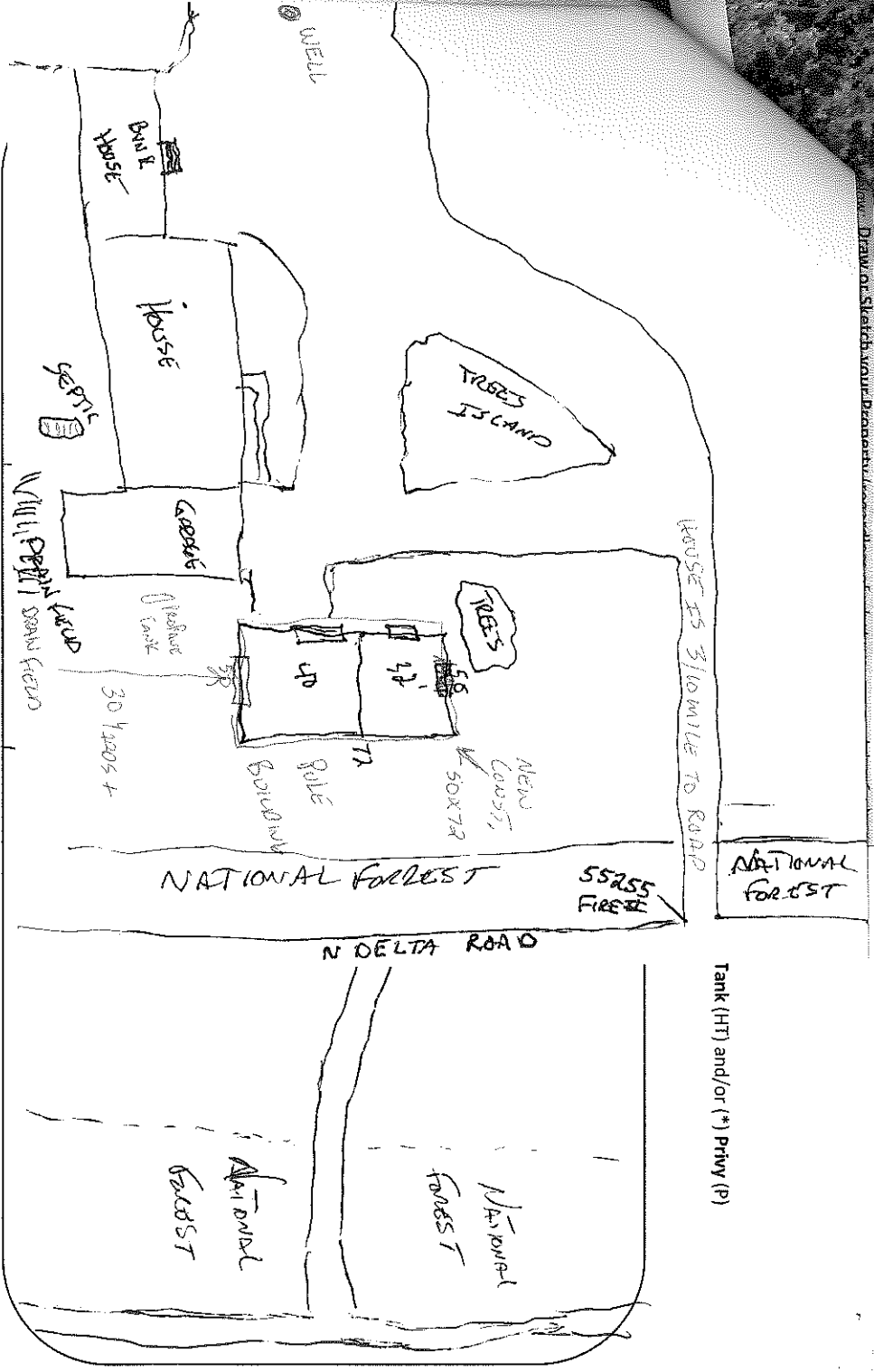
Value at Time of Completion * include donated time & material: <u>\$ 56,000</u>	Project: <input checked="" type="checkbox"/> New Construction <input type="checkbox"/> Addition/Alteration <input type="checkbox"/> Conversion <input type="checkbox"/> Relocate (existing bldg) <input type="checkbox"/> Run a Business on Property	# of Stories and/or basement: <input checked="" type="checkbox"/> 1-Story <input type="checkbox"/> 2-Story <input type="checkbox"/> 3-Story <input type="checkbox"/> 4-Story <input type="checkbox"/> 5-Story <input type="checkbox"/> 6-Story <input type="checkbox"/> 7-Story <input type="checkbox"/> 8-Story <input type="checkbox"/> 9-Story <input type="checkbox"/> 10-Story	Use: <input type="checkbox"/> Seasonal <input type="checkbox"/> Year Round <input type="checkbox"/> Storage <input type="checkbox"/> Other: <u> </u>	# of bedrooms: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 <input type="checkbox"/> 18 <input type="checkbox"/> 19 <input type="checkbox"/> 20 <input type="checkbox"/> 21 <input type="checkbox"/> 22 <input type="checkbox"/> 23 <input type="checkbox"/> 24 <input type="checkbox"/> 25 <input type="checkbox"/> 26 <input type="checkbox"/> 27 <input type="checkbox"/> 28 <input type="checkbox"/> 29 <input type="checkbox"/> 30 <input type="checkbox"/> 31 <input type="checkbox"/> 32 <input type="checkbox"/> 33 <input type="checkbox"/> 34 <input type="checkbox"/> 35 <input type="checkbox"/> 36 <input type="checkbox"/> 37 <input type="checkbox"/> 38 <input type="checkbox"/> 39 <input type="checkbox"/> 40 <input type="checkbox"/> 41 <input type="checkbox"/> 42 <input type="checkbox"/> 43 <input type="checkbox"/> 44 <input type="checkbox"/> 45 <input type="checkbox"/> 46 <input type="checkbox"/> 47 <input type="checkbox"/> 48 <input type="checkbox"/> 49 <input type="checkbox"/> 50 <input type="checkbox"/> 51 <input type="checkbox"/> 52 <input type="checkbox"/> 53 <input type="checkbox"/> 54 <input type="checkbox"/> 55 <input type="checkbox"/> 56 <input type="checkbox"/> 57 <input type="checkbox"/> 58 <input type="checkbox"/> 59 <input type="checkbox"/> 60 <input type="checkbox"/> 61 <input type="checkbox"/> 62 <input type="checkbox"/> 63 <input type="checkbox"/> 64 <input type="checkbox"/> 65 <input type="checkbox"/> 66 <input type="checkbox"/> 67 <input type="checkbox"/> 68 <input type="checkbox"/> 69 <input type="checkbox"/> 70 <input type="checkbox"/> 71 <input type="checkbox"/> 72 <input type="checkbox"/> 73 <input type="checkbox"/> 74 <input type="checkbox"/> 75 <input type="checkbox"/> 76 <input type="checkbox"/> 77 <input type="checkbox"/> 78 <input type="checkbox"/> 79 <input type="checkbox"/> 80 <input type="checkbox"/> 81 <input type="checkbox"/> 82 <input type="checkbox"/> 83 <input type="checkbox"/> 84 <input type="checkbox"/> 85 <input type="checkbox"/> 86 <input type="checkbox"/> 87 <input type="checkbox"/> 88 <input type="checkbox"/> 89 <input type="checkbox"/> 90 <input type="checkbox"/> 91 <input type="checkbox"/> 92 <input type="checkbox"/> 93 <input type="checkbox"/> 94 <input type="checkbox"/> 95 <input type="checkbox"/> 96 <input type="checkbox"/> 97 <input type="checkbox"/> 98 <input type="checkbox"/> 99 <input type="checkbox"/> 100	What Type of Sewer/Sanitary System Is on the property? <input type="checkbox"/> Municipal/City <input type="checkbox"/> (New) Sanitary <input type="checkbox"/> (Existing) Sanitary <input type="checkbox"/> Private (Pit) <input type="checkbox"/> Vented (min 200 gallon) <input type="checkbox"/> Portable (w/service contract) <input type="checkbox"/> Compost Toilet <input type="checkbox"/> None	Water: <input type="checkbox"/> City <input type="checkbox"/> Well <input type="checkbox"/> Other: <u> </u>
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Existing Structure: (if permit being applied for is relevant to it)	Length: <u>72</u>	Width: <u>50</u>	Height: <u>18</u>
Proposed Construction:	Length: <u>72</u>	Width: <u>50</u>	Height: <u>18</u>

Proposed Use: <input checked="" type="checkbox"/> Residential Use	Proposed Structure: <input type="checkbox"/> Principal Structure (first structure on property) <input type="checkbox"/> Residence (i.e. cabin, hunting shack, etc.) <input type="checkbox"/> with Loft <input type="checkbox"/> with a Porch <input type="checkbox"/> with (2nd) Deck <input type="checkbox"/> with Attached Garage <input type="checkbox"/> Bunkhouse w/ () sanitary, or () sleeping quarters, or () cooking & food prep facilities <input type="checkbox"/> Mobile Home (manufactured date) <input type="checkbox"/> Addition/Alteration (specify) <input type="checkbox"/> Accessory Building (specify) <input type="checkbox"/> Accessory Building Addition/Alteration (specify)	Dimensions: <u>50' x 72' x 18'</u>	Square Footage: <u>3600</u>
Record for Issuance: <u>APR 30 2015</u>	Special Use: (explain) <u> </u>	Conditional Use: (explain) <u> </u>	Other: (explain) <u> </u>
Secretarial Staff: <input type="checkbox"/>	Other: (explain) <u> </u>	Dimensions: <u> </u>	Square Footage: <u> </u>

I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner(s): Tam + Jim Scharinger
(If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)
Authorized Agent: Date: 3-30-2015
(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)
Address to send permit Same as above
Copy of Tax Statement
If you recently purchased the property send your Recorded Deed



Please complete (1) - (7) above (prior to continuing)

Changes in plans must be approved by the Planning & Zoning Dept.

(8) Setbacks: (measured to the closest point)

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	160' ±	Setback from the Lake (Ordinary high-water mark)	N/A
Setback from the Established Right-of-Way	100' ±	Setback from the River, Stream, Creek	N/A
Setback from the North Lot Line	100' ±	Setback from the Bank or Bluff	N/A
Setback from the South Lot Line	160' ±	Setback from Wetland	N/A
Setback from the West Lot Line	100' ±	20% Slope Area on property	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Setback from the East Lot Line	50' ±	Elevation of Floodplain	
Setback to Septic Tank or Holding Tank	90 Feet	Setback to Well	100 Feet
Setback to Drain Field	90 Feet		
Setback to Privy (Portable, Composting)	N/A		

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain Field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

For The Construction Of New One & Two Family Dwellings: All Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

Issuance Information (County Use Only)		Sanitary Number:	# of bedrooms:	Sanitary Date:
Permit Denied (Date):		Reason for Denial:		
Permit #: 15-0109		Permit Date: 5-5-15		
Is Parcel a Sub-Standard Lot: Is Parcel in Common Ownership Is Structure Non-Conforming		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes (Deed of Record) <input type="checkbox"/> Yes (Fused/Contiguous Lot(s)) <input type="checkbox"/> Yes	Mitigation Required Mitigation Attached	Affidavit Required Affidavit Attached
Granted by Variance (B.O.A.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Case #:	Previously Granted by Variance (B.O.A.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Case #:
Was Parcel Legally Created Was Proposed Building Site Delineated		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Were Property Lines Represented by Owner Was Property Surveyed	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Inspection Report: Well Staked. Meets all setbacks.		Zoning District (F-1) Lakes Classification (NA)		
Date of Inspection: 4-29-15		Inspected by: M. Fustak		
Condition(s): Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No		If No, why not? To be attached		
May not be used for human habitation. No water under pressure in structure. No plumbing fixtures in structure.		Date of Re-Inspection:		
Signature of Inspector: Michael G. White		Date of Approval: 4-29-15		
Hold For Sanitary: <input type="checkbox"/>		Hold For TBA: <input type="checkbox"/>		Hold For Affidavit: <input type="checkbox"/>
		Hold For Fees: <input type="checkbox"/>		<input type="checkbox"/>

**SUBMIT: COMPLETED APPLICATION, TAX
STATEMENT AND FEE TO:**

Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN

Date Stamp (Received)

Bayfield Co. Logging Dept.

SECRET

Permit #:

11) $\frac{1}{2}$

Date:

Amount Paid:

Refund:

INSTRUCTIONS: No permits will be issued until all fees are paid. Checks are made payable to: Bayfield County Zoning Department. **DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED.**

WILLIAM CO. Zoning Dept.,
TO APPLICANT.

Permit #:	15-0122
Date:	5-8-15
Amount Paid:	\$175
Refund:	5-8-15

TYPE OF PERMIT REQUESTED → ☒ LAND USE ☐ SANITARY ☐ PRIVY ☐ CONDITIONAL USE ☐ SPECIAL USE ☐ B.O.A. ☐ OTHER

Owner's Name: (Bletsch)	Mailing Address:	City/State/Zip: 54832	Telephone: 708-221-1111
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Jamini + May Purnada	Po Box 194	Drummond, WI	(615) 588
Cell Phone:			

Address of Property: 1003
City/State/Zip: 0-11 24837

Contractor:	Contractor Phone:	Plumber:	Plumber Phone:
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Authorized Agent: (Person Signing Application on behalf of Owner(s))	Agent Phone:	Agent Mailing Address (include City/State/Zip):	Written Author
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		<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
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LOCATION	Legal Description: (Use Tax Statement)	Page(s)
04-010-2-75-01-22	Volume 106	5

$\frac{1}{4}$	$\frac{1}{4}$
$\frac{1}{4}$, _____	

Section	33
Township	45 N Range
	07 W
Town of:	(D)
Lot Size	0
Acreage	1.13

Sl. No.	Name of the Candidate	Roll No.	Grade	Score	Remarks
1	ABHIRAM K	1001	10	100	
2	ADARSH K	1002	10	100	
3	ADITHYAN K	1003	10	100	
4	ADITHYAN K	1004	10	100	
5	ADITHYAN K	1005	10	100	
6	ADITHYAN K	1006	10	100	
7	ADITHYAN K	1007	10	100	
8	ADITHYAN K	1008	10	100	
9	ADITHYAN K	1009	10	100	
10	ADITHYAN K	1010	10	100	
11	ADITHYAN K	1011	10	100	
12	ADITHYAN K	1012	10	100	
13	ADITHYAN K	1013	10	100	
14	ADITHYAN K	1014	10	100	
15	ADITHYAN K	1015	10	100	
16	ADITHYAN K	1016	10	100	
17	ADITHYAN K	1017	10	100	
18	ADITHYAN K	1018	10	100	
19	ADITHYAN K	1019	10	100	
20	ADITHYAN K	1020	10	100	
21	ADITHYAN K	1021	10	100	
22	ADITHYAN K	1022	10	100	
23	ADITHYAN K	1023	10	100	
24	ADITHYAN K	1024	10	100	
25	ADITHYAN K	1025	10	100	
26	ADITHYAN K	1026	10	100	
27	ADITHYAN K	1027	10	100	
28	ADITHYAN K	1028	10	100	
29	ADITHYAN K	1029	10	100	
30	ADITHYAN K	1030	10	100	
31	ADITHYAN K	1031	10	100	
32	ADITHYAN K	1032	10	100	
33	ADITHYAN K	1033	10	100	
34	ADITHYAN K	1034	10	100	
35	ADITHYAN K	1035	10	100	
36	ADITHYAN K	1036	10	100	
37	ADITHYAN K	1037	10	100	
38	ADITHYAN K	1038	10	100	
39	ADITHYAN K	1039	10	100	
40	ADITHYAN K	1040	10	100	
41	ADITHYAN K	1041	10	100	
42	ADITHYAN K	1042	10	100	
43	ADITHYAN K	1043	10	100	
44	ADITHYAN K	1044	10	100	
45	ADITHYAN K	1045	10	100	
46	ADITHYAN K	1046	10	100	
47	ADITHYAN K	1047	10	100	
48	ADITHYAN K	1048	10	100	
49	ADITHYAN K	1049	10	100	
50	ADITHYAN K	1050	10	100	
51	ADITHYAN K	1051	10	100	
52	ADITHYAN K	1052	10	100	
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55	ADITHYAN K	1055	10	100	
56	ADITHYAN K	1056	10	100	
57	ADITHYAN K	1057	10	100	
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59	ADITHYAN K	1059	10	100	
60	ADITHYAN K	1060	10	100	
61	ADITHYAN K	1061	10	100	
62	ADITHYAN K	1062	10	100	
63	ADITHYAN K	1063	10	100	
64	ADITHYAN K	1064	10	100	
65	ADITHYAN K	1065	10	100	
66	ADITHYAN K	1066	10	100	
67	ADITHYAN K	1067	10	100	
68	ADITHYAN K	1068	10	100	
69	ADITHYAN K	1069	10	100	
70	ADITHYAN K	1070	1		

Creek or Landward side of Floodplain?	If yes, continue 	feet	Floodplain Zone?	P
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Yes → continue

feet

No

~~No~~

☒ Non-Shoreland

Value at Time of Completion * include donated time & material	# of Stories and/or basement	Use	# of bedrooms	What Type of Sewer/Sanitary System Is on the property?

\$ <u>20,000</u>					
<input type="checkbox"/> New Construction	<input checked="" type="checkbox"/> 1-Story	<input type="checkbox"/> Seasonal	<input type="checkbox"/> 1	<input checked="" type="checkbox"/> Municipal/City	(New) Sanitary Specify Type: _____
<input checked="" type="checkbox"/> Addition/Alteration	<input type="checkbox"/> 1-Story + Loft	<input checked="" type="checkbox"/> Year Round	<input type="checkbox"/> 2	<input type="checkbox"/> Sanitary (Exists) Specify Type: _____	_____
<input type="checkbox"/> Conversion	<input type="checkbox"/> 2-Story	<input type="checkbox"/> _____	<input type="checkbox"/> 3	<input type="checkbox"/> Privy (Prt) or Vaulted (min 200 gallon)	_____
<input type="checkbox"/> Relocate (existing bldg)	<input checked="" type="checkbox"/> Basement	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> Portable (w/service contract)	_____
<input type="checkbox"/> Run a Business on Property	<input type="checkbox"/> No Basement	<input checked="" type="checkbox"/> None	<input type="checkbox"/> None	<input type="checkbox"/> Compost Toilet	_____
<input type="checkbox"/> _____	<input type="checkbox"/> Foundation	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> None	_____

Existing Structure: (if permit being applied for is relevant to it)	Length: 62	Width: 30	Height: 1-5 ft
Proposed Construction:	Length: 24	Width: 12	Height: 1-5 ft

Proposed Use	Proposed Structure	Dimensions	So Fo
✓			

<input type="checkbox"/>	Principal Structure (first structure on property)	(X)
<input type="checkbox"/>	Residence (i.e. cabin, hunting shack, etc.)	(X)

<input checked="" type="checkbox"/> Residential Use	with Loft	(X)	
	with a Porch	(X)	

	with (2 nd) Porch	(X)
X	with a Deck	(6 X 4)

<input type="checkbox"/> Commercial Use only	with (2 nd) Deck	(X)	
	with Attached Garage	(X)	

<input type="checkbox"/>	Bunkhouse w/ <input type="checkbox"/> sanitary, or <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities	(<input checked="" type="checkbox"/>)
<input type="checkbox"/>	Mobile Home (manufactured date) _____	(<input checked="" type="checkbox"/>)

<input type="checkbox"/> Municipal Use	<input type="checkbox"/>	Accessories Building (specify)	{ x }
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Addition/Alteration (specify)	(13 x 24)
			2

Original Over	<input type="checkbox"/>	Necessary Building Addition/Alteration (specify)	(X)
Rec'd for Issuance	<input type="checkbox"/>		

APR 30 2007	<input type="checkbox"/>	Special Use: (explain) _____	(X)	
			(X)	

Secretarial Staff	<input type="checkbox"/>	Conditional Use: (explain) _____	()	
	<input type="checkbox"/>	Other: (explain) _____	(X)	

FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES. I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information. I (we) am (are) providing in or with this application, I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner(s): 

Date 4/1/12

(If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

Authorized Agent: _____

Date _____

(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

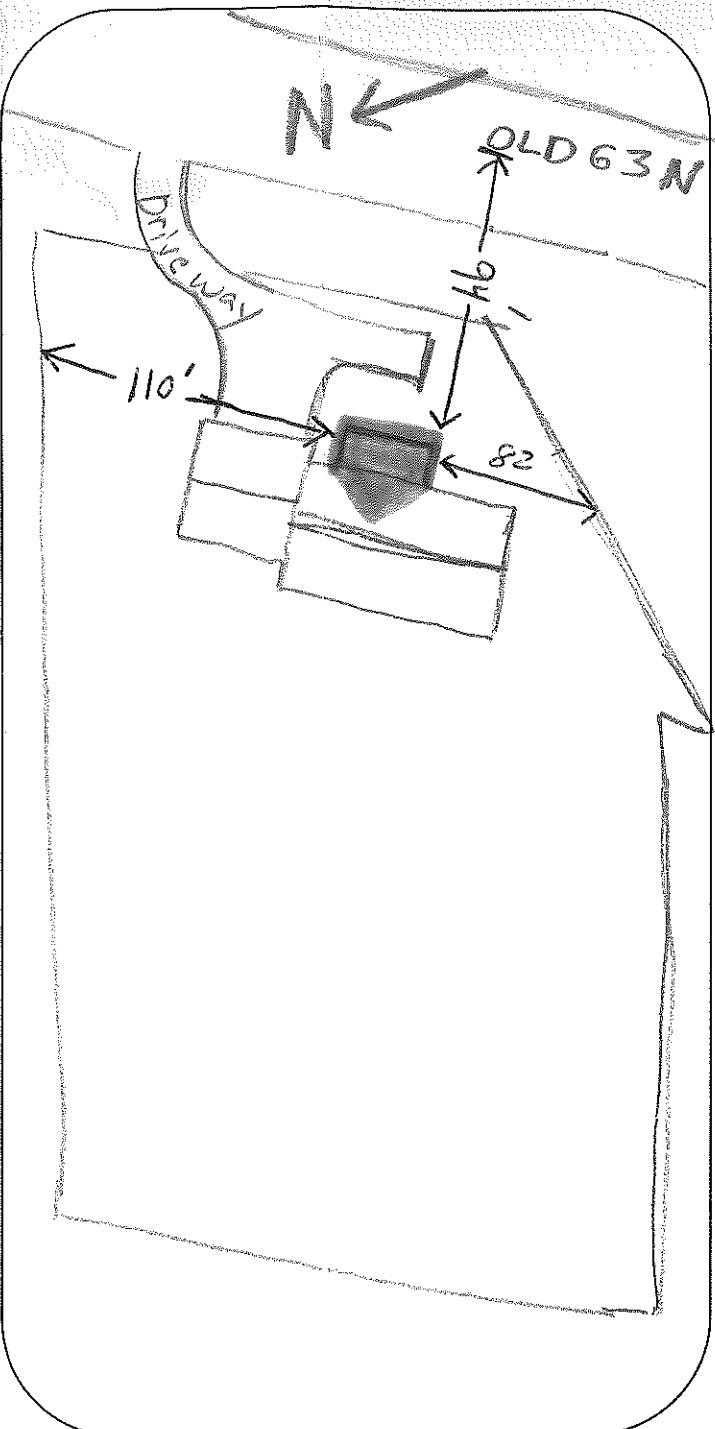
Address to send permit PO Box 110000 MS 39203

Copy of Tax Statement ✓

APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE

Box below: Draw or Sketch your Property (regardless of what you are applying for)

- (1) Show Location of: **Proposed Construction**
(2) Show / Indicate: North (N) on Plot Plan
(3) Show Location of (*): (*) Driveway and (*) Frontage Road (Name Frontage Road)
(4) Show: All Existing Structures on your Property
(5) Show: (*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P)
(6) Show any (*): (*) Lake; (*) River; (*) Stream/Creek; or (*) Pond
(7) Show any (*): (*) Wetlands; or (*) Slopes over 20%



Please complete (1) - (7) above (prior to continuing)

(8) Setbacks: (measured to the closest point)

Changes in plans must be approved by the Planning & Zoning Dept.

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	94 Feet	Setback from the Lake (ordinary high-water mark)	None Feet
Setback from the Established Right-of-Way	Feet	Setback from the River, Stream, Creek	None Feet
Setback from the North Lot Line	110 Feet	Setback from the Bank or Bluff	None Feet
Setback from the South Lot Line	82 Feet	Setback from Wetland	Feet
Setback from the West Lot Line	100' plus Feet	20% Slope Area on property	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Setback from the East Lot Line	City Street 94' Feet	Elevation of Floodplain	Feet
Setback to Septic Tank or Holding Tank	None Feet	Setback to Well	Feet
Setback to Drain Field	None Feet		
Setback to Privy (Portable, Composting)	None Feet		

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 200 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

For The Construction Of New One & Two Family Dwellings: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

Issuance Information (County Use Only)		Sanitary Number: <u>Municipal</u>	# of bedrooms: _____	Sanitary Date: _____		
Permit Denied (Date): _____	Reason for Denial: _____					
Permit #: <u>15-0100</u>	Permit Date: <u>5-8-15</u>	<u>Sever & Water</u>				
Is Parcel a Sub-Standard Lot	<input type="checkbox"/> Yes (Deed of Record)	<input checked="" type="checkbox"/> No	Mitigation Required	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Affidavit Required	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is Parcel in Common Ownership	<input type="checkbox"/> Yes (Fused/Contiguous Lot(s))	<input checked="" type="checkbox"/> No	Mitigation Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Affidavit Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is Structure Non-Conforming	<input type="checkbox"/> Yes _____	<input checked="" type="checkbox"/> No	Previously Granted by Variance (B.O.A.)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Case #:	
Granted by Variance (B.O.A.)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Case #:	Were Property Lines Represented by Owner	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Was Property Surveyed	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Inspection Report: <u>Met with setbacks.</u>						
Date of Inspection: <u>4-29-15</u>	Inspected by: <u>MM. Finkel</u>	Zoning District: <u>(R-4)</u>	Lakes Classification: <u>(NA)</u>	Date of Re-Inspection: _____		
Condition(s): Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No - (If No they need to be attached.)						
Signature of Inspector: <u>Michael Finkel</u>						Date: <u>5-8-15</u>
Hold For Sanitary: <input type="checkbox"/> _____	Hold For TBA: <input type="checkbox"/> _____	Hold For Affidavit: <input type="checkbox"/> _____	Hold For Fees: <input type="checkbox"/> _____			

SUBMIT: COMPLETED APPLICATION, TAX
STATEMENT AND FEE TO:
Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

APPLICATION FOR PERMIT
BAFFIELD COUNTY, WISCONSIN
Date Rec'd: APR 27 2015
ENTERED

Permit #: 15-0105
Date: 5-8-15
Amount Paid: \$850
Refund: 5-8-15

INSTRUCTIONS: No permits will be issued until all fees are paid.
Checks are made payable to: Bayfield County Zoning Department.
DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

Bayfield Co. Zoning Dept.

TYPE OF PERMIT REQUESTED →	<input checked="" type="checkbox"/> LAND USE	<input type="checkbox"/> SANITARY	<input type="checkbox"/> PRIVY	<input type="checkbox"/> CONDITIONAL USE	<input type="checkbox"/> SPECIAL USE	<input type="checkbox"/> B.O.A.	<input type="checkbox"/> OTHER				
Owner's Name:	Sue Colbert			Mailing Address:	2101 Redfield St. La Crosse, WI 54601			Telephone:	608/782-8566		
Address of Property:	55000 CTY RD A			City/State/Zip:	Drummond WI 54832			Cell Phone:			
Contractor:	Gary Strenke			Contractor Phone:	715 466-4290			Plumber:	715 416-0322		
Authorized Agent: (Person Signing Application on behalf of Owner(s))	Gary Strenke			Agent Phone:	715 296-2570			Agent Mailing Address (include City/State/Zip):	715 416-0322		
PROJECT LOCATION	5330 0.5 W 660 SW 5 W 1/4			PLN: (23 digits)	04-018-2-45-08-18-3 03-000-30000			Recorded Document: (i.e. Property Ownership)	Volume 1116 Page(s) 432		
SW 1/4, SW 1/4	Gov't Lot	Lot(s)	CSM	Vol & Page	Lot(s) No.	Block(s) No.	Subdivision:	Lot Size	Acreage		
				1116 437				217800	5		
Section 18, Township 45 N, Range 08 W	Town of: Drummond										
<input type="checkbox"/> Shoreland →	<input type="checkbox"/> Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or Landward side of Floodplain? If yes—continue →			Distance Structure is from Shoreline: _____ feet			<input type="checkbox"/> Is Property in Floodplain Zone? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			<input type="checkbox"/> Are Wetlands Present? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<input checked="" type="checkbox"/> Non-Shoreland	<input type="checkbox"/> Is Property/Land within 1000 feet of Lake, Pond or Flowage If yes—continue →			Distance Structure is from Shoreline: _____ feet							

Value at Time of Completion * include donated time & material	Project	# of Stories and/or basement	Use	# of bedrooms	What Type of Sewer/Sanitary System Is on the property?	Water
\$ 12,000	<input checked="" type="checkbox"/> New Construction	<input checked="" type="checkbox"/> 1-Story	<input checked="" type="checkbox"/> Seasonal	<input type="checkbox"/> 1	<input type="checkbox"/> Municipal/City	<input type="checkbox"/> City
	<input type="checkbox"/> Addition/Alteration	<input type="checkbox"/> 1-Story + Loft	<input type="checkbox"/> Year Round	<input checked="" type="checkbox"/> 2	<input checked="" type="checkbox"/> (New) Sanitary	<input checked="" type="checkbox"/> Sewer/Tie-in
	<input type="checkbox"/> Conversion	<input type="checkbox"/> 2-Story	<input type="checkbox"/> _____	<input type="checkbox"/> 3	<input type="checkbox"/> Sanitary (Exists)	<input type="checkbox"/> Specify Type: _____
	<input type="checkbox"/> Relocate (existing bldg)	<input type="checkbox"/> Basement	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> Privy (Pit) or Vented (min 200 gallon)	<input type="checkbox"/> _____
	<input type="checkbox"/> Run a Business on Property	<input type="checkbox"/> No Basement	<input type="checkbox"/> _____	<input type="checkbox"/> None	<input type="checkbox"/> Portable (w/service contract)	<input type="checkbox"/> _____
	<input type="checkbox"/> _____	<input checked="" type="checkbox"/> Foundation	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> Compost Toilet	<input type="checkbox"/> _____

Existing Structure: (if permit being applied for is relevant to it)	Length: 32'	Width: 24'	Height: 10'
Proposed Construction:			

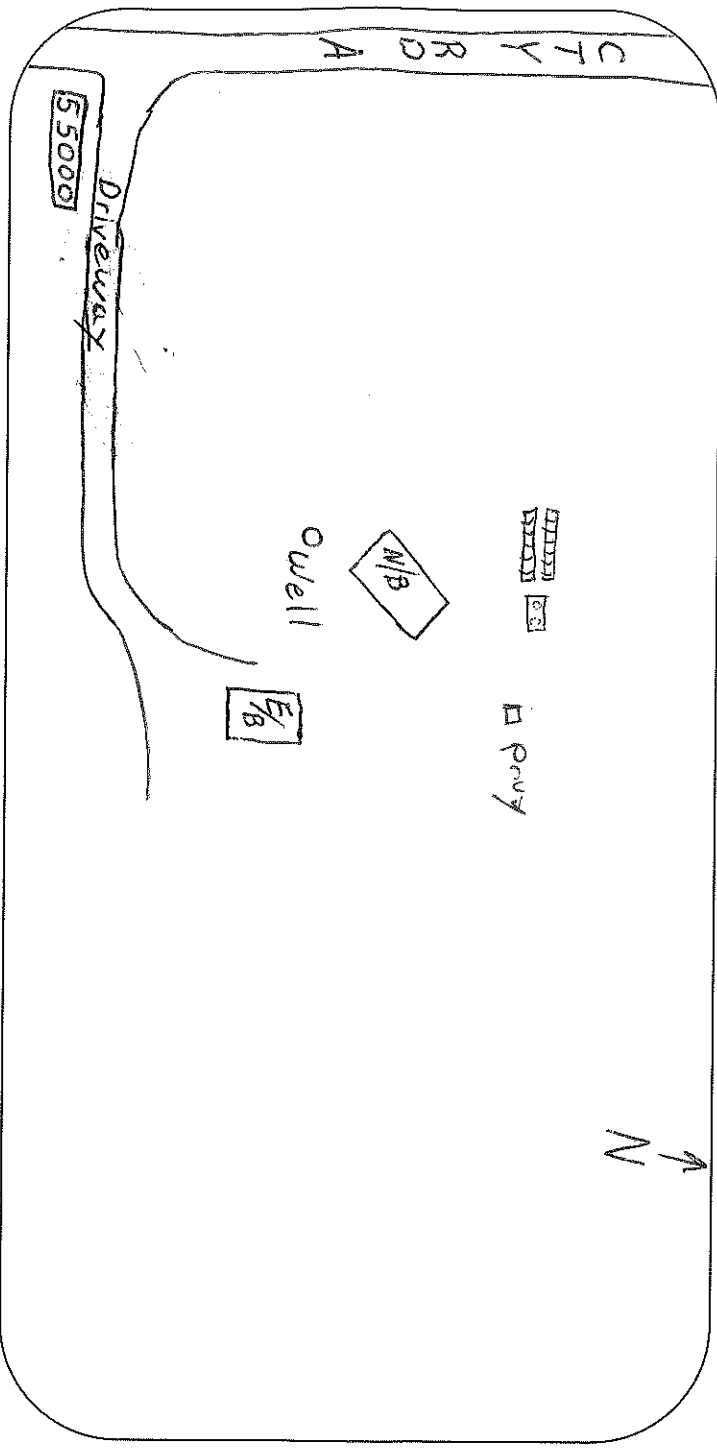
Proposed Use	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/> Residential Use	<input type="checkbox"/> Principal Structure (first structure on property)	() X)	
	<input type="checkbox"/> Residence (i.e. cabin, hunting shack, etc.)	() X)	
	with Loft	() X)	
	with a Porch	() X)	
	with (2 nd) Porch	() X)	
	with a Deck	() X)	
	with (2 nd) Deck	() X)	
	with Attached Garage	() X)	
<input type="checkbox"/> Commercial Use	Bunkhouse w/ <input type="checkbox"/> sanitary, or <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities	() X)	
	Mobile Home (manufactured date) 4-15	(24' X 33')	768
<input type="checkbox"/> Municipal Use	<input type="checkbox"/> Addition/Alteration (specify) _____	() X)	
	<input type="checkbox"/> Accessory Building (specify) _____	() X)	
	<input type="checkbox"/> Accessory Building Addition/Alteration (specify) _____	() X)	
Rec'd for Issuance	<input type="checkbox"/> Special Use: (explain) _____	() X)	
MAY 08 2015	<input type="checkbox"/> Conditional Use: (explain) _____	() X)	
Secretarial Staff	<input type="checkbox"/> Other: (explain) _____	() X)	

FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES
I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information. I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner(s): _____ Date _____
(If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)
Authorized Agent: Gary Strenke Date 3-18-15
(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)
Address to send permit 900 Wallace St. Minong WI 54859
Attach
Copy of Tax statement
If you recently purchased the property send your Recorded Deed

Draw or Sketch your Property (regardless of what you are applying for)

- (1) Show Location of: Proposed Construction
- (2) Show / Indicate: North (N) on Plot Plan
- (3) Show Location of (*): (*) Driveway and (*) Frontage Road (Name Frontage Road)
- (4) Show: All Existing Structures on your Property
- (5) Show: (*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P)
- (6) Show any (*): (*) Lake; (*) River; (*) Stream/Creek; or (*) Pond
- (7) Show any (*): (*) Wetlands; or (*) Slopes over 20%



Please complete (1) - (7) above (prior to continuing)

(8) Setbacks: (measured to the closest point)

Changes in plans must be approved by the Planning & Zoning Dept.

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	250 Feet	Setback from the Lake (ordinary high-water mark)	N/A Feet
Setback from the Established Right-of-Way	238 Feet	Setback from the River, Stream, Creek	N/A Feet
Setback from the North Lot Line	188 Feet	Setback from the Bank or Bluff	N/A Feet
Setback from the South Lot Line	110 95 Feet	Setback from Wetland	N/A Feet
Setback from the West Lot Line	238 Feet	20% Slope Area on property	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Setback from the East Lot Line	392 Feet	Elevation of Floodplain	N/A Feet
Setback to Septic Tank or Holding Tank	30 Feet	Setback to Well	10 Feet
Setback to Drain Field	40 Feet		
Setback to Privy (Portable, Composting)	40 Feet		

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

For The Construction Of New One & Two Family Dwellings: All Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

Issuance Information (County Use Only)		Sanitary Number: 15-365	# of bedrooms:	Sanitary Date: 5-7-15
Permit Denied (Date):		Reason for Denial:		
Permit #: 15-0185		Permit Date: 5-8-15		
Is Parcel a Sub-Standard Lot Is Parcel in Common Ownership Is Structure Non-Conforming		<input type="checkbox"/> Yes (Deed of Record) <input checked="" type="checkbox"/> Yes (Fused/Contiguous Lot(s)) <input type="checkbox"/> No	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Mitigation Required Mitigation Attached
Granted by Variance (B.O.A.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Previously Granted by Variance (B.O.A.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Was Parcel Legally Created Was Proposed Building Site Delineated		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Were Property Lines Represented by Owner Was Property Surveyed	
Inspection Record: Well staked. Mts all setbacks.		Zoning District Lakes Classification (N/A)		
Date of Inspection: 4-28-15		Inspected by: M. Tuttle		
Condition(s): Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (if No they need to be attached)		Date of Re-Inspection:		
Signature of Inspector: Michael Tuttle		Date of Approval: 4-29-15		
Hold For Sanitary: <input type="checkbox"/>		Hold For TBA: <input type="checkbox"/>		Hold For Affidavit: <input type="checkbox"/>
		Hold For Fees: <input type="checkbox"/>		Authorization